	SUPPLEMENT ATTACHED ARIZONA STATE BOARD OF HEALTH OUT State File No. 23 BUREAU OF VITAL STATISTICS Registered No. 23 1. PLACE OF BIRTH ARIZONA STATE BOARD OF HEALTH OUT State File No. 23 ARIZONA STATE BOARD OF HEALTH OUT State File No. 24 ARIZONA STATE BOARD OF HEALTH OUT State File No. 24 ARIZONA STATE BOARD OF HEALTH OUT State File No. 24 ARIZONA STATE BOARD OF HEALTH OUT STATE FILE NO. 24 ARIZONA STATE BOARD OF HEALTH OUT	•	(
×	County— District or Township— City— Clay Port No. (If birth occurred in a hospital or institution, give its NAME instead of street and number) [If child is not yet named, make supplemental report, as directed.] 2. Full name of child. Cloy Lattle Larcia [8. Legitimate?] 7. Date Latt 28 19 2 9	and the same of th	ř.
refer of birth states.	FATHER 8. FATHER Garcia 9. Residence (Usual place of abode) If non-resident, give place and state. 10. Color or race 11. Age at last birthday. 12. Birthplace (city or place) 13. No., in order of birth 14. MOTHER Full malden name Seferina Benite; (Usual place of abode) If non-resident, give place and state. 10. Color or race 11. Age at last birthday. 12. Birthplace (city or place) 13. No., in order of birth 14. MOTHER Full malden name Seferina Benite; (Usual place of abode) If non-resident, give place and state. 10. Color or race 11. Age at last birthday. 12. Birthplace (city or place) (State or country) Mexico		0
D THE STATE OF THE	(State or country) (Passation (State or country) (Passation (State or country) (State or country) (Passation (State or country) (Passation (State or country) (State or country) (Passation (State or country) (State or country) (State or country) (Passation (State or country) (State or country) (Passation (State or country) (State or country) (State or country) (Passation (State or country) (Passation (State or country) (Country) (State or country) (State or country (Callian) (Callian) (Callian) (Callian) (Callian) (Callian) (Cal		4 >